

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO **JA260884**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION		INCIDENT INFORMATION							
NAME (LAST - FIRST - M.I.) <b>LOPEZ, JOEL A</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR							
STAR NO. <b>7613</b>	POSITION <b>POLICE OFFICER</b>	ADDRESS OF OCCURRENCE <b>4619 W MAYPOLE AVE</b>							
DATE OF APPOINTMENT <b>15-MAR-2013</b>	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (if outside Chicago)						
UNIT OF ASSIGNMENT <b>011</b>	BEAT/CALL NO. <b>1161A</b>	LOCATION CODE <b>303-SIDEWALK</b>	BEAT OF OCCURRENCE <b>1113</b>						
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE HISPANIC</b>	DATE OF OCCURRENCE <b>12-MAY-2017</b>	TIME <b>14:25:00</b>						
HEIGHT <b>510</b>	WEIGHT <b>225</b>	DAY OF WEEK <b>FRIDAY</b>	NO. OF OFFICERS BATTERED <b>2</b>						
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED									
<input checked="" type="checkbox"/> 1. ON DUTY <ul style="list-style-type: none"> <li><input type="checkbox"/> A. UNIFORM, PATROL DUTY</li> <li><input type="checkbox"/> B. UNIFORM, OTHER DUTY</li> <li>Describe _____</li> </ul> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> C. CITIZEN'S DRESS</li> <li><input type="checkbox"/> D. TACTICAL</li> <li><input type="checkbox"/> E. B.I.S. UNIT</li> <li><input type="checkbox"/> F. SPECIAL EMPLOYMENT</li> <li><input type="checkbox"/> G. OTHER _____</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2. OFF DUTY</li> <li><input type="checkbox"/> 3. SPECIAL EMPLOYMENT</li> <li><input type="checkbox"/> 4. SECONDARY / OTHER</li> </ul>		WORKING: <ul style="list-style-type: none"> <li><input type="checkbox"/> A. ALONE</li> <li><input checked="" type="checkbox"/> B. WITH ONE PARTNER</li> <li><input type="checkbox"/> C. WITH MULTIPLE PARTNERS</li> </ul> How many? _____ PATROL TYPE: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A. SQUAD CAR</li> <li><input type="checkbox"/> B. FOOT</li> <li><input type="checkbox"/> C. BICYCLE</li> <li><input type="checkbox"/> D. APV/MOTORCYCLE</li> <li><input type="checkbox"/> E. SQUADROL</li> <li><input type="checkbox"/> F. OTHER _____</li> </ul>							
TYPE OF ACTIVITY									
<ul style="list-style-type: none"> <li><input type="checkbox"/> A. AMBUSH - NO WARNING</li> <li><input type="checkbox"/> B. TRAFFIC STOP/PURSUIT</li> <li><input checked="" type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON</li> <li><input type="checkbox"/> D. DISTURBANCE - DOMESTIC</li> <li><input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT</li> <li><input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER</li> <li><input type="checkbox"/> G. DISTURBANCE - OTHER</li> <li><input type="checkbox"/> H. MAN WITH A GUN</li> <li><input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) <b>CHARGE _____ IUCR CODE _____</b></li> </ul>		FIREARM USE INFORMATION (Check all that apply): <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT</li> <li><input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED</li> <li><input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON</li> </ul>							
<ul style="list-style-type: none"> <li><input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) <b>ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____</b></li> <li><input type="checkbox"/> K. OTHER</li> </ul>		OFFENDER INFORMATION <table border="1"> <tr> <td>SEX <input type="checkbox"/> 1. M   <input checked="" type="checkbox"/> 2. F</td> <td>RACE <b>BLACK</b></td> <td>DOB <b>02-MAY-1992</b></td> </tr> <tr> <td>CB NO. <b>19478626</b></td> <td>IR NO.</td> <td></td> </tr> </table>		SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F	RACE <b>BLACK</b>	DOB <b>02-MAY-1992</b>	CB NO. <b>19478626</b>	IR NO.	
SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F	RACE <b>BLACK</b>	DOB <b>02-MAY-1992</b>							
CB NO. <b>19478626</b>	IR NO.								
TYPE OF INJURY TO OFFICER		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?      GANG RELATED? <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. YES</li> <li><input type="checkbox"/> 2. NO</li> <li><input checked="" type="checkbox"/> 3. UNKNOWN</li> </ul>							
<ul style="list-style-type: none"> <li><input type="checkbox"/> A. FATAL</li> <li><input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries)</li> <li><input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)</li> <li><input checked="" type="checkbox"/> D. NONE APPARENT/NONE</li> </ul>		NO. OF OFFENDERS PRESENT? <b>1</b>							
LIGHTING CONDITIONS AT INCIDENT		WEATHER CONDITIONS							
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A. DAYLIGHT</li> <li><input type="checkbox"/> B. NIGHT</li> <li><input type="checkbox"/> C. DAWN</li> <li><input type="checkbox"/> D. DUSK</li> <li><input type="checkbox"/> E. ARTIFICIAL LIGHT</li> <li><input type="checkbox"/> 1. POOR</li> <li><input type="checkbox"/> 2. GOOD</li> </ul>		<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A. CLEAR</li> <li><input type="checkbox"/> B. RAIN</li> <li><input type="checkbox"/> C. SNOW</li> <li><input type="checkbox"/> D. FOG / SMOKE / HAZE</li> <li><input type="checkbox"/> E. SLEET / HAIL</li> <li><input type="checkbox"/> F. SEVERE CROSS WIND</li> </ul>							
APPROXIMATE OUTDOOR TEMPERATURE: <b>65 °F</b>									

LOG 11085786

Attachment 13

**Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).**

REPORTING MEMBER - SIGNATURE  
**LOPEZ, JOEL A**

STAR NO.  
**7613**

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
**BAY, ROGER J**

**35**